

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

1190463-045296
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN

St. Louis

1 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Bethesda Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY FRANKLIN

c. CITY OR TOWN

Benton

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route 3

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First DOROTHY

Middle

Last CARLTON

4. DATE OF DEATH

Month

Day

Year

12

2

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

July 13-1921

9. AGE (last birthday)

42

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10b. KIND OF BUSINESS OR INDUSTRY

GRADE SCHOOL

11. BIRTHPLACE (City and state or country)

FRANKLIN Co., ILL

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Dwolen PAYNE

13b. MOTHER'S MAIDEN NAME

Lucy Hick

14. NAME OF HUSBAND OR WIFE

Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

Russell Carlton

17. INFORMANT

Benton, ILL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Carcinoma of Lungs Aug 1963

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma, left Breast

DUE TO (c)

170x

INTERVAL BETWEEN ONSET AND DEATH

June 1962

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT - SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1962 to Dec 2 1963 and last saw her alive on Dec 1 1963

Death occurred at 12:30 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John W Stewart MD

22b. ADDRESS

4660 Mayland Illinois MO

22c. DATE SIGNED

12-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-2-63

23c. NAME OF CEMETERY OR CREMATORY

Phillips Cem.

23d. LOCATION (City, town, or county)

FRANKLIN Co ILL

24. FUNERAL DIRECTOR

ADDRESS

DRAKE-Hobbs

Benton, ILL

25. DATE RECD. BY LOCAL REG.

DEC 2 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1

28128

3

4 1

5 1

6

7 1

8 2

9

10

11

12 53-0

13

53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Frank Prokop

Licensed Embalmer No. 4356

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.